



## **N.H. Department of Environmental Services Beach Program**

### **Illness Report**

*Please fill out this form only if you, your child, or a family member became sick from swimming at a public bathing area. Please fill out the form as completely as possible.*

**Name:**

**Date:**

**Address (Optional):**

**Telephone #:**

**E-mail (Optional):**

**Gender (circle one):** Male                  Female

**Age (circle one):**      0-2 yrs                  3-6 yrs                  7-12 yrs                  13-18 yrs                  19-30 yrs  
                                 31-50 yrs                  51-65 yrs                  66-80 yrs                  Over 80

Public bathing area where illness was contracted (list beach name, lake/pond/ocean beach name, and town):

What type of contact was made with the water? (circle one)

1. Full body contact over the head
2. Full body contact up to the neck
3. Partial body contact up to the waist
4. Partial body contact up to the knees

Did the illness require a doctor's visit? If so, did the doctor diagnose the illness as being caused by a water-borne pathogen?

Did you inform the doctor that you recently participated in water-contact activities at a beach area?

Type of Illness (circle illness type as diagnosed by the doctor or list illness symptoms):

Gastroenteritis

Swimmer's Itch

Eye Infection

Skin Irritation/Infection

Giardiasis

Cryptosporidiosis

Illness Symptoms:

How long did the illness last?

Were there other bathers in the water at the specific beach? If so, how many would you estimate?

Did anyone else in your group exhibit similar symptoms?

Did you notice any of the following while recreating at the public bathing area? (circle all that apply)

1. Foul odors
2. Waterfowl (ducks, geese, gulls) on or near beach
3. Domestic animals (dogs) on beach
4. Scum on water's surface
5. Cloudy/turbid water
6. Public facilities
7. Trash

Did you observe anything else that you feel may have contributed to an illness?

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Thank you for taking the time to complete this form. Your response is greatly appreciated and will aide the Beach Program in tracking swimmer related illnesses throughout the state. Please fax (603-271-7894) or mail (address below) the completed form to the Beach Program. If you have any comments or questions please feel free to contact the Beach Program.

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